

Case Number:	CM14-0007221		
Date Assigned:	02/07/2014	Date of Injury:	02/15/2012
Decision Date:	07/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48-year-old male who has submitted a claim for open wound of the finger with tendon reconstruction associated with an industrial injury date of February 15, 2012. The patient underwent staged left index finger flexor tendon reconstruction with removal of Hunter rod; reflection of FDS/FDP junction and transfer to the left index finger distal phalanx; repair of intraoperative rupture of the left index finger FDS/FDP; and fractional lengthening of the left index finger FDS musculotendinous junction. Physical examination showed full passive digital flexion; definite active flexion at index finger PIP and DIP joints with moderate flexion lag; approximately 90 degrees active PIP joint flexion with MP joint block; mild flexor tendon prolapse at proximal segment index finger; mild flexion contracture index finger PIP and DIP joints; and an intact neurovascular examination. The diagnoses were left index finger laceration with complete FDP tendon laceration; left index finger likely partial radial digital nerve laceration; left hand/UE CRPS; acute tendon rupture index finger FDP tendon status post tenolysis; and status post second stage tendon reconstruction left index finger. Treatment plan include continuation of hand therapy, dorsal block splinting, ultrasound/electrostimulation and active motion. Treatment to date has included oral analgesics, hand therapy, home exercises, dorsal block splinting, ultrasound/electrostimulation, activity modification and reconstructive surgery of the left index finger. Utilization review from January 8, 2014 denied the request for RETRO: DVT compression device, half leg pressure appliance because there is no medical rationale for costly CTU/compression unit after a routine knee scope. Home application of ice/cold packs will suffice for edema control. Compression units are not appropriate for DVT prophylaxis because this is more appropriately done with oral anti-coagulants.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETRO: DVT COMPRESSION DEVICE, HALF LEG PRESSURE APPLIANCE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis.

Decision rationale: CA MTUS does not specifically address venous thrombosis. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that in patients at a high risk of developing venous thrombosis, providing prophylactic measures such as consideration for anticoagulation therapy, is recommended. Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. The UK National Institute for Health and Clinical Excellence has issued new guidance on the prevention of venous thromboembolism. They primarily recommend mechanical methods of VTE prophylaxis. Although mechanical methods do reduce the risk of DVT, there is no evidence that they reduce the risk of pulmonary embolism or total mortality. In this case, the patient underwent left index finger tendon reconstruction on October 31, 2013. He was noted to have complaints of chest tightness post-operatively. However, formal evaluation of the complaint was not included in the medical records. Moreover, the patient was already on anticoagulants; the guideline does not support the use of mechanical devices for DVT prophylaxis. There is no clear indication for the use of DVT compression device at this time. Therefore, the request for RETRO: DVT Compression Device, Half Leg Pressure Appliance is not medically necessary.